



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ALEJANDRO MARTINEZ, DC

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-17-0737-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

NOVEMBER 16, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Upon calling for claim status, Sylvia in the audit department stated that we cannot bill CPT Code 95912 for the upper extremities and an additional 95912 with modifier 59 for the lower extremities. We understand now that billing NCV codes 95907-95913 is limited to ONLY one CPT code from the series. However, in the explanation of benefits attached neither of the two CPT codes 95912 was paid. The patient was tested in the upper and lower extremities and the number of major nerves tested between the upper and lower extremities totals at least 20 major nerves."

Amount in Dispute: \$450.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "the 2016 AMA CPT manual...finds that code 95913 is essentially defined as nerve conduction testing of 13 or more studies. It appears then that 95913 is a more accurate code to use the billing of the 20 or more major nerve studies than billing 2 units of 95912. For this reason Texas Mutual declined paying 2 units of code 95912 the requestor billed."

Response Submitted By: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 1, 2016	CPT Code 95912 Nerve Conduction Studies	\$450.00	\$409.54

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced / denied by the respondent with the following reason code:
 - CAC-P12-Workers' compensation jurisdictional fee schedule adjustment.
 - CAC-W3In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

Does the documentation support billing CPT code 95912? Is the requestor entitled to reimbursement?

Findings

Per 28 Texas Administrative Code §134.203(a)(5), "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

CPT code 95912 is defined as "Nerve conduction studies; 11-12 studies."

The requestor contends that reimbursement is due because "We understand now that billing NCV codes 95907-95913 is limited to ONLY one CPT code from the series. However, in the explanation of benefits attached neither of the two CPT codes 95912 was paid. The patient was tested in the upper and lower extremities and the number of major nerves tested between the upper and lower extremities totals at least 20 major nerves."

The respondent continues to deny payment stating "the 2016 AMA CPT manual...finds that code 95913 is essentially defined as nerve conduction testing of 13 or more studies. It appears then that 95913 is a more accurate code to use the billing of the 20 or more major nerve studies than billing 2 units of 95912. For this reason Texas Mutual declined paying 2 units of code 95912 the requestor billed."

The Division finds that the requestor is seeking dispute resolution for one unit of 95912. Both parties agree that the requestor exceeded the number of studies tested for code 95912. The Division concludes that the report supports testing; therefore, reimbursement is due.

The Division refers to 28 Texas Administrative Code §134.203(c)(1)(2), which states "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007

MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007.”

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2016 DWC conversion factor for this service is 58.62.

The Medicare Conversion Factor is 35.8043.

Review of Box 32 on the CMS-1500 the services were rendered in zip code 78503, which is located in McAllen, Texas. Therefore, the Medicare participating amount will be based on the reimbursement for “Rest of Texas”.

The Medicare participating amount is \$250.14

Using the above formula, the MAR is \$409.54. The respondent paid \$0.00. The requestor is due the difference of \$409.54.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$409.54 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	12/8/2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.